

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
 McCOLLUM, individually, and STEPHANIE §
 KINGREY, individually and as independent §
 administrator of the Estate of LARRY GENE §
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §

DEFENDANTS

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 54

Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:32

TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: McCollum Larry G. DOB: 4/04/53 AGE: 58
 Last First MI
 STATE ID# 3950494 RACE: W SEX: Male ☒ Female ☐
 COUNTY/TDCJ# 34610 WT. 330 HT: 5'10

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- ☐ 1. None
☐ 2. Asthma
☐ 3. Pregnancy
☐ 4. Dental Priority
☐ 5. Diabetes
☐ 6. Drug Abuse
☐ 7. Alcoholism
☐ 8. Orthopedic Problems
☐ 9. Cardiovascular/Heart Trouble
☐ 10. Suicidal
☐ 11. Mental Retardation
☐ 12. Mental Illness (Specify diagnosis) _____
☐ 13. Recent Surgery
☐ 14. Seizures
☐ 15. Dialysis
☒ 16. Hypertension
☒ 17. CARE System Y/N ☒

*NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

III. SPECIAL NEEDS (Check all that apply)

A. Housing Restrictions

- ☒ 1. None
☐ 2. Skilled Nursing Facility
☐ 3. Extended Care Facility
☐ 4. Psychiatric Inpatient Facility
☐ 5. Respiratory Isolation
☐ 6. Other, _____

B. Transportation

- ☒ 1. Routine
☐ 2. Crutches/Cane
☐ 3. Ambulance
☐ 4. Wheelchair/Wheelchair Van
☐ 5. Prosthesis: _____

C. Pending Specialty Clinic Appointment

None ☒ Type _____

D. ALLERGIES NKA

NKA _____

B. Preventive Medicine

1. Tuberculosis Status

Skin Test: Date Given: 6/20/11 Date Read: 6/27/11 Results + mm*
 X-Ray: Date: 1/1 Normal ☐ Abnormal ☐ Anti-TB Treatment? No ☐ Yes ☐

2. Hepatitis: A ☐ B ☐ C ☐ Other: _____

3. HIV Antibody: Test Date: 1/1 Results: Neg ☐ Pos ☐ CD4: Date 1/1

4. Syphilis: Date: 1/1 Type: Treatment Completed: ☐ Yes ☐ No

*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: noneIV. CURRENT PRESCRIBED MEDICATIONS None ☐

Medication	Dosage	Frequency
<u>Clonidine</u>	<u>0.1mg ÷ tab P.O</u>	<u>PRN BP</u>

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Shelia Smith RN DATE: 7/15/11

PHONE NUMBER: 254-757-2555 FACILITY: Hutchins County Jail

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DATE INTERVIEWED: 7-18-11SCREENER'S INITIALS: SKB

7-15

TDCJ OFFENDER INTAKE PROCESSING PSYCHOLOGICAL SCREENING INTERVIEW

NAME: McCullum, Larry Gene TDCJ #: 1721640
 DOB: 4-4-53 AGE: 58 GENDER: ☒ MALE ☐ FEMALE
 PLACE OF BIRTH: Enid, OK RACE: ☒ CAUCASIAN
 PRIOR TDCJ #: 110 5534 ☐ AFRICAN AMERICAN
 PRIOR TDCJ INCARCERATIONS: ☒ YES ☐ NO ☐ HISPANIC
 PRIOR ASSIGNMENT TO CTC: ☐ YES ☐ NO ☐ OTHER: _____
 PRIOR ASSIGNMENT TO DDP: ☐ YES ☐ NO
 ON PSYCH. SERVICES CASELOAD: ☐ YES ☐ NO

CURRENT OFFENSE: Forgery (1) (12 mos.)

SPECIAL CONSIDERATIONS FOR INTERVIEWS:

- ☒ NONE
☐ SPANISH-SPEAKING ONLY
☐ HEARING/VISUAL IMPAIRED
☐ WHEEL-CHAIR/OTHER SIGNIFICANT MOBILITY PROBLEM
☐ SECURITY RISK: _____
☐ OTHER: _____

OTHER GENERAL COMMENTS:

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YES NO

1. HOW ARE YOU FEELING? Rough. Adjusting.
2. HAVE YOU EVER HAD ANY KIND OF MENTAL, EMOTIONAL, OR NERVE PROBLEMS?
 DID YOU GET ANY TYPE OF COUNSELING? yes
 FROM WHOM? (IF APPLICABLE) _____
 WHAT WAS IT FOR? _____
 WHEN WAS IT? _____
 WHERE WAS IT? Buster Cole - transferred to Skyview #4 below
3. HAVE YOU EVER TAKEN MEDICINE(S) PRESCRIBED FOR YOUR:
☐ NERVES ☐ MENTAL PROBLEMS ☐ EMOTIONAL PROBLEMS?
 SPECIFY THE MEDICATION: Zoloft, etc.
 WHEN DID YOU TAKE THIS MEDICATION? 2009
 BY WHOM WAS IT PRESCRIBED? ☐ PSYCHIATRIST
☐ PHYSICIAN
☐ OTHER: thinks nothing needed
 CURRENT PSYCHOTROPIC MEDICATION: 0
4. HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL?
 WHY? Depression - Loss of family members present
 WHEN? _____
 WHERE? Skyview - 2002-04
 WAS IT: ☐ COURT COMMITMENT OR ☐ VOLUNTARY?
5. HAS ANY MEMBER OF YOUR FAMILY EVER HAD MENTAL OR EMOTIONAL PROBLEMS?
 WHAT TYPE? _____
6. HAVE YOU EVER HAD A HEAD INJURY OR SEIZURE?
 SPECIFY: _____
7. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE?
 HOW MANY TIMES? _____
 HOW? ☐ CUT ARM / WRIST ☐ HANGING
☐ OD'd ON _____ ☐ OTHER _____
 WHEN? _____
 WHY? _____
 WAS MEDICAL ATTENTION REQUIRED? ☐ YES ☐ NO
8. HAVE YOU EVER HURT YOURSELF ON PURPOSE WHEN YOU WERE NOT TRYING TO COMMIT SUICIDE?
 HOW? _____
9. ARE YOU THINKING ABOUT HURTING OR KILLING YOURSELF NOW?
10. DO YOU HEAR THINGS THAT OTHER PEOPLE DO NOT HEAR?
 SPECIFY: _____

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YES NO

☐☒

11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: _____

☐☒

12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? _____

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

☐ NONE☐ BARBITURATES☐ METHAMPHETAMINE (SPEED)☐ HEROIN☐ ACID☐ INHALANTS☐ COCAINE☐ HASH☒ ALCOHOL *quit 10 yrs. ago*☐ MARIJUANA☐ PCP☐ OTHER _____

14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE _____

WHERE ☒ USA☐ MEXICO☐ OTHER: _____

DO YOU HAVE A.

☒ HIGH SCHOOL DIPLOMA ☐ GED☒☐

15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES?

WHY? *D. C. Worked 1/2 day*WHAT GRADE(S)? *12*☐☒

16. WERE YOU EVER PLACED IN A JUVENILE DETENTION CENTER, BOY'S HOME OR OTHER GROUP HOME?

WHY? _____

☐☒

17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE COMMONLY CONSIDERED TO BE IN THE CATEGORY OF SEXUAL OFFENSES?

IF YES, SPECIFY: _____

☐☒

18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY?

☐☒

19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:

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BEHAVIORAL OBSERVATIONS

APPEARANCE: ☒ UNREMARKABLE ☐ DISHEVELED ☐ ODD
HYGIENE: ☒ ND ☐ FAIR ☒ POOR B.O.
INTERACTION: ☒ COOPERATIVE ☐ LIMITED ☐ UNCOOPERATIVE
MOTOR BEHAVIOR: ☒ WITHIN NORMAL LIMITS ☐ RESTLESS ☐ DID NOT MOVE
☐ _____
SPEECH: ☐ CLEAR ☐ MUMBLES ☐ SPEECH IMPEDIMENT
RATE: ☒ SPONTANEOUS ☐ FAST ☐ _____
MOOD: ☐ WITHIN NORMAL LIMITS ☒ SAD *teary-eyed* ☐ IRRITABLE
☐ UNUSUALLY HAPPY ☒ ANXIOUS ☐ FRIGHTENED
☒ SILLY ☐ _____
ALERTNESS: ☒ ALERT ☐ CONFUSED ☐ DAZED ☐ DISTRACTED

▼ **This section must be completed by a Qualified Mental Health Professional** ▼DISPOSITION -- REFERRED FOR FURTHER EVALUATION ☒ YES ☐ NO**REASON FOR REFERRAL:**

- ☐ DISPLAYED SYMPTOMS OF PSYCHIATRIC ILLNESS
☒ HISTORY OF MENTAL HEALTH TREATMENT
☐ CURRENT SUICIDAL IDEATION
☐ PRIOR SUICIDAL GESTURE(S)
☐ DISPLAYED UNUSUAL BEHAVIOR
☐ AFFECTIVE DISTRESS NOTED
☐ UNUSUAL NATURE OF OFFENSE
☐ HIGH RISK FOR ADJUSTMENT PROBLEMS
☐ OTHER: _____

MENTAL HEALTH APPRAISAL COMPLETED BY:

I. Smith, MA
 Mental Health Clinician

PRINTED NAME

SIGNATURE

DATE

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Name

*McCollum Lang*CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

TDCJ No Intake

Unit: HUTCHINS STATE JAIL

NKA

Date & Time

7-15-11
1230

S

Offenders received from

NOTES

McLennan

With history of

HTN

OA

See HSM-13 and Texas Health Status Updated for current orders from county

P

Current medication orders as per HJ providers.

VO T Orig, MD A. Babbitt, PA-C / N. Beckstrom, NP

D/C Clonidine
Start Hct2 25mg X 1 PO
9 AM X 30d
Babbitt PA
Bene

Medication Pass issued to Offender YES/NO

NO
*view**7/15/11*

Please sign each entry with status

HSM - 1 (Rev 5/92)

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EXHIBIT 57

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: MCCOLLUM, LARRY G TDCJ#: 1721640 **Date:** 07/22/2011 03:16 **Facility:** HUTCHINS (HJ)

Age: 58 year **Race:** W **Sex:** male

Most recent vitals from 11/13/2003: BP: 112 / 87 (Standing) ; Wt: 192 Lbs.; Height: ; Pulse: 107 (Standing) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: **Name of interpreter, if required:**

Current Medications:

SCR INITIATED?		YES	Date Received:
	X	NO	

Nursing Triage Form

Name of Security Officer Calling LT SANDERS

Presenting Problems/Symptoms HE IS ON THE TOP BUNK HAVING A SEIZURE THAT HAS LASTED FOR 5 MINUTES. SECURITY CAN NOT GET HIM OFF THE TOP BUNK, THEY ARE STANDING UP AGAINST THE TOP BUNK TO KEEP HIM FROM FALLING. THEY CALLED 911. HE HAS NO HISTORY OF SEIZURE DISORDER. HIS CELL MATE SAYS HE IS DIABETIC. NO HX OF THIS SEEN IN CHART.

NO MEDICAL ON THE UNIT

Protocol used: (List protocol name, and page number):

1. SEIZURE PG 471

2.

3. _____

4. _____

5. Other _____

Problem: X Emergent _____ Urgent _____ Non-Urgent
(Immediately) (2 hrs) (Pass Issued / Fill out Sick Call Request)

Circle/Mark "X" Correct Information

Telephone Triage

X 1. Instructions given to security officer to call 911 and transport offender patient to nearest local community hospital ED.

2. Instructions given to security officer to transport the offender patient to the designated HUB for a full assessment and further care. (applicable only if the facility is within a designated HUB area)

3. Instructed the Security officer to issue a pass to the offender patient to come to medical the next day.

4. Other as ordered by a provider: _____

5. Instructions given to security officer to place offender patient in front of the DMS equipment in medical for assessment / interview.

Additional Comments UR NOTIFIED. CONTACT ANN. PRECERT NO 776845

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING**

Patient Name: MCCOLLUM, LARRY G **TDCJ#:** 1721640 **Date:** 07/22/2011 03:16 **Facility:**
HUTCHINS (HJ)
PARKLAND HOSPITAL WAS CONTACTED, REPORT GIVEN TO VIRGINIA. I CALLED BACK
TO HUTCHINS TO MAKE SURE HE WAS OK. THEY SAID THE AMBULANCE WAS THERE
AND THEY WERE TAKING CARE OF HIM.

Revision 07/18/10
(Telephone Triage Revision 08/19/10, COPY AND PASTE into patient's EMR)

Electronically Signed by STOKES, GINA E. R.N. on 07/22/2011.
##And No Others##